Western Regional Methamphetamine Drug Conference

CONFERENCE PROCEEDINGS

January 12-13, 1997
The Presidio
San Francisco, California

Sponsored By:
The Office of National Drug Control Policy
Barry R. McCaffrey, Director

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In Collaboration With:
The Office of Senator Dianne Feinstein
The California Narcotic Officers' Association
The California Wellness Foundation

Acknowledgments

This report is based upon presentations and discussions at the Western Regional Methamphetamine Drug Conference held at the Presidio, January 12-13, 1997, in San Francisco, California.

The remarks attributed to speakers do not necessarily reflect the opinions or official policy of the agencies they represent.

In this report, the term "meth" is used interchangeably with methamphetamine.

The Office of National Drug Control Policy acknowledges the generous funding given by the California Narcotic Officers' Association (CNOA) and the California Wellness Foundation. The California Narcotic Officers' Association, formed in 1964, is a not-for-profit corporation whose mission is better narcotic enforcement through education. The California Wellness Foundation, formed in 1992, is a private and independent foundation whose mission is to improve the health of the citizens of California through proactive efforts to promote disease prevention.

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Regional Conference Summary

Methamphetamine is a synthetic stimulant that can produce extreme aggressiveness and violence. Historically, concentrated abuse of this drug was in the West and Southwest, but it is now reported to be spreading to the Midwest and the eastern portion of the United States. Methamphetamine production entails extreme environmental risks. Clandestine laboratories produce large amounts of toxic waste, much of which is dumped in the ground or in waterways. The cost to clean up these chemical toxins can easily run into thousands of dollars per site.

Given the resurgence of methamphetamine abuse, the White House Office of National Drug Control Policy (ONDCP) convened the Western Regional Methamphetamine Drug Conference, January 12-13, 1997, in San Francisco, California. The purpose of the conference was to gather information for refining the national methamphetamine strategy by assessing current trends and soliciting recommendations from experts on methods to reduce the methamphetamine threat.

The structure of the conference was key to its effectiveness. A regional perspective on this problem required the collective effort of public and private-sector agencies and organizations. Experts from law enforcement, and the fields of prevention and treatment at federal, state, and local levels were invited as were business and public-interest groups from the region. More than 160 attendees from six states, including Hawaii, participated. An outstanding display by the California Bureau of Narcotic Enforcement (CBNE) helped illustrate the problem of methamphetamine abuse.

The conference provided a fitting agenda for this broadly representative group. At the morning session, plenary presentations summarized the methamphetamine problem, including: a research presentation on current usage data taken from drug arrestees; an educational perspective on the role of schools in reducing drug abuse; a treatment segment that covered the physiological effects of methamphetamine abuse; a legal briefing on the Methamphetamine Control Act of 1996; and a law-enforcement intelligence review of methamphetamine trafficking patterns.

During the afternoon session, conference participants gathered in four working groups to discuss key areas and develop recommendations for future efforts. The working groups reviewed prevention and education initiatives; linkages among treatment, law enforcement and the courts; precursor chemical control; and clandestine labs. Each working group subsequently presented a summary of its discussions and specific recommendations for the strategy.

Keynote addresses by Senator Dianne Feinstein, California State Attorney General Dan Lungren, and DEA Administrator Tom Constantine highlighted efforts underway.

The following document chronicles the conference proceedings. Appendices include the conference agenda and a digest of the workgroup briefings. ONDCP encourages readers to share this report widely.

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[1]California State Report was presented by State AG Lungren in his opening remarks.

Opening Remarks

BARRY R. McCAFFREY, DIRECTOR
OFFICE OF NATIONAL DRUG CONTROL POLICY

Director McCaffrey welcomed the conferees and thanked them for their time, professionalism, and support in attending the conference. He emphasized that local officials know best about the methamphetamine impact on their communities. Consequently, ONDCP sponsored the conference to listen to these officials so that he and other federal officials could put together sensible policy options to address the problem.

McCaffrey briefly outlined federal progress and noted the excellent work of the Attorney General and DEA Administrator in developing the 1996 National Methamphetamine Strategy. He reminded the audience that the methamphetamine problem has the potential to become the next crack epidemic because methamphetamine is produced domestically and is highly addictive. Furthermore, methamphetamine has a particularly high level of violence associated with its use. Additionally, the Director noted dangerous environmental consequences from the hazardous waste generated from production of the drug.

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Barry R. McCaffrey, Director, ONDCP, provides opening remarks to the San Francisco Methamphetamine Conference, January 12-13, 1997.

In closing remarks, McCaffrey applauded participants for the important work that would take place at the conference. The Director challenged all participants to work hard at the conference and, afterwards, to take the anti-drug message to the news media, educators, and public-service organizations.

Opening Remarks

THE HONORABLE DIANNE FEINSTEIN
UNITED STATES SENATOR FROM CALIFORNIA

Senator Feinstein welcomed the audience to San Francisco and extended her appreciation to ONDCP for its sponsorship of the conference. She stated that the most serious threat to the domestic security of the United States is drugs. Law enforcement and media reports of bizarre, drug-related violence first attracted her attention. She also recalled a painful visit to Sutter Hospital in Sacramento, where she saw more methamphetamine-affected babies than crack-affected babies.

She recalled the bipartisan support from Senate colleagues Orrin Hatch of Utah and Joe Biden of Delaware in sponsoring the National Methamphetamine Control Act of 1996. Signed into law October 3, 1996, the law addresses the supply side of methamphetamine trafficking. It places stricter controls on key precursor chemicals used to manufacture the drug and on international interdiction efforts. The Act:

• • • the most serious threat to the domestic security of the United States is drugs.

- Tightens controls on sale of methamphetamine precursors—pseudoephedrine, phenylpropanolamine, and ephedrine-combination products.
- Doubles the maximum criminal penalty to twenty years for possession of chemicals or equipment used to make methamphetamine.

Senator Feinstein described recent legislation to control methamphetamine production and trafficking.

- Cracks down on chemical-supply companies that recklessly sell chemicals to persons who make methamphetamine. It also imposes a fine of up to $250,000 for a first offense and gives the Attorney General authority to shut down a company.
- Allows courts to order restitution for costs associated with environmental cleanup.
- Creates a Methamphetamine Interagency Task Force to design and start methamphetamine education, prevention, and treatment strategies.

Senator Feinstein concluded by stating that legislation is an important first step in the federal response to this threat. She challenged the audience to work with ONDCP and other agencies to develop effective strategies to stop the spread of meth abuse.

Opening Remarks

THE HONORABLE DANIEL E. LUNGREN
STATE ATTORNEY GENERAL OF CALIFORNIA

California Attorney General Daniel E. Lungren stated that California is at ground zero in the methamphetamine crisis. The Golden State has the unfortunate distinction of becoming, in the lingo of the DEA, a "source nation" for methamphetamine distributed across the United States. The statistics bear out this distinction out dramatically: Last year, while the Drug Enforcement Administration seized an estimated 850 methamphetamine labs nationwide, the California Department of Justice's Bureau of Narcotic Enforcement seized an estimated 835 labs in that state alone. California shattered its 1995 record by 72 percent when it seized 465 labs.

Attorney General Lungren gave a historical overview illustrating how far the meth problem has come and how the term "crank" developed. From the early days in the '60s and 70s, the methamphetamine trade was nearly exclusive to outlaw motorcycle gangs; members frequently stashed meth in the crankcases of their motorcycles. Today, the meth trade has far exceeded the outlaw motorcycle gangs that once monopolized the illicit production of this drug.

• • • We are challenged by far more sophisticated criminal enterprises—Mexican cartels that control 'superlabs' capable of producing five to ten times the amount of meth that conventional labs produce.

California Attorney General Dan Lungren described state enforcement efforts against methamphetamine distribution.

We are challenged by far more sophisticated criminal enterprises—Mexican cartels that control 'superlabs' capable of producing five to ten times the amount of meth that conventional labs produce. We have seized labs capable of producing between two hundred and five hundred pounds of methamphetamine every twenty-four hours. Just as troubling, the drug itself is now commonly six times stronger than in years past."

Attorney General Lungren talked of the increasingly high numbers of child-abuse cases attributed to methamphetamine use and how methamphetamine use and child abuse resulted in CBNE developing a policy requiring immediate notification of Child Protective Services when children are found at a meth lab.

As this crisis developed in California, the state moved to counter the threat through increasingly tougher state laws governing sentencing, precursor chemicals, and hazardous chemical

cleanup enforcement. Attorney General Lungren stated that the tools at their disposal—tough state laws, thorough precursor tracking, and the best-trained drug enforcement agents in the business—are not enough to defeat this problem. More resources are needed.

Lungren highlighted the assistance of federal law-enforcement partners, that, in 1994, helped CBNE purchase seven cleanup vehicles. This was extremely important given that, in 1995, one out of six labs resulted in an explosion. CBNE agents are responding to more labs than any agency in the country. Lungren stated, "Until we institute a national methamphetamine strategy that provides resource assistance to the agencies in the field, California will remain a 'source country' for meth."

Attorney General Lungren urged that one area of focus, in addition to the safety issues associated with meth labs, must be which agency should be responsible for the actual cleanup of a contaminated site as well as the costs associated with it. In 1993, CBNE's methamphetamine- enforcement budget was engulfed by the costs of environmental cleanup of seized lab sites. Amazingly, state environmental regulators identified law enforcement as a so-called "source generator" of hazardous wastes whenever enforcement agents seized a clandestine drug lab. Law enforcement had to pay for the expensive cleanup costs.

Law enforcement, therefore, had less funding to perform its duties and less to identify illegal drug labs, shut them down, and pursue the criminals responsible. In 1988, the CBNE spent $147,000 in lab cleanup costs. By fiscal year 1994-1995, CBNE was forced to spend $2.4 million for cleanup costs. In 1994, Attorney General Lungren sponsored state legislation that removed law enforcement as a "source generator" of hazardous wastes and placed the environmental-cleanup responsibility for seized labs with the State Department of Toxic Substance Control.

Director Barry McCaffrey, Senator Diane Feinstein and California Attorney General Daniel Lungren welcome attendees.

DATA— "DRUG USE FORECASTING"

JEREMY TRAVIS, J.D., DIRECTOR
NATIONAL INSTITUTE OF JUSTICE

Mr. Travis briefly recounted an experience as special counsel to New York City Police Commissioner Ben Ward. After attending a conference in California, the Commissioner said he saw a substance called crack and remarked this drug could overtake every other drug. Reflecting on the truth of this statement, Mr. Travis noted the importance of recognizing the problem with methamphetamine in the beginning and the distinct opportunity to prevent it from overwhelming the country as crack had done.

Research Effort. He explained the contribution of the National Institute of Justice and the Drug Use Forecasting (DUF) System, which measures arrestee drug use in 23 cities. In San Diego, 37 percent of the arrestees test positive for methamphetamine. This was the only jurisdiction of the 23 sites where more people tested positive for methamphetamine than for cocaine. He noted this is a West/Midwest problem, and the methamphetamine phenomenon is not known to the rest of the country.

. . . the methamphetamine abuser is more likely to be female than male and more likely to be white than minority.

Test Results. He stated that, of the DUF sites, only 6 percent tested positive for methamphetamine. Data also show a slight distinction between male and female arrestees. Females that test positive for methamphetamine are in their early 20s; the age is slightly higher for men. Of those arrestees who are white, approximately a quarter test positive for methamphetamine; Hispanic arrestees test at 12 percent, and African Americans, 3 percent. Consequently, the methamphetamine abuser is more likely to be female than male and more likely to be white than minority.

Trends. Trend data over a 5-year period show that San Diego had a very sharp increase in the first part of the decade but was now declining. Other jurisdictions experienced a similar decline after sharp increases in the years 1991 to 1994. NIJ will gather additional data upon completion of the San Diego Association of Government's study, which examines production, use and distribution.

Mr. Travis closed by reviewing the transformation of the DUF system to the Arrestee Drug Abuse Monitoring (ADAM) system. Initially, NIJ will attempt to put a measuring site in every city with a population more than 200,000. Monitoring will increase to 75 cities from the current 23. NIJ will also try to extend research into suburban and rural-arrestee populations.

EDUCATION - "THE ROLE OF SCHOOLS"
WILLIAM MODZELESKI,
DIRECTOR, SAFE AND DRUG-FREE SCHOOLS PROGRAM, U.S. DEPARTMENT OF EDUCATION

Mr. Modzeleski acknowledged that drug abuse is a key issue for educators, parents and communities across the country. Without safe and drug-free schools, a high-quality education necessary for a strong and vital economy and government is unlikely.

Addressing the drug problem, however, requires including competing interests: overcrowding, lack of resources, kids coming to school hungry and living in poverty, poor performance, old buildings and poor instruction. He noted troubling statistics from the latest Monitoring the Future survey, which showed 31 percent of 8th graders, 45 percent of 10th graders, and 50 percent of 12th graders used illicit drugs sometime in their lives. Students also encounter fights, are continually confronted with weapons, and often suffer as victims.

Without safe and drug-free schools, a high-quality education necessary for a strong and vital economy and government is unlikely.

Role of Schools. He defined three roles for schools in preventing drug abuse. First, establish a safe environment where kids can learn without being threatened, assaulted or pressured to buy or sell alcohol or drugs. This applies not only to students, but to teachers, faculty, visitors and parents. Second, schools must give kids skills to resist using drugs and practicing violent behavior; these skills must include opportunities to grow and to advance. Third, schools must efficiently use available resources. Mr. Modzeleski suggested schools consider staying open past the last class so teachers could enhance their position as role models and mentors for youth.

Research needed. Mr. Modzeleski called for more research on program performance. While some evidence exists that individual school districts can reduce crime, delinquency and drug use, little substantive data exists to show that these decreases are substantial or that they can be sustained over time. Further, little evidence is available to show the decreases are the result of policies, programs, strategies or some other factor. The need for more definitive research is clear.

In closing, Mr. Modzeleski emphasized the drug problem is neither confined to the West Coast nor to methamphetamine. It is a national problem and includes all drugs, especially alcohol and tobacco. He expressed optimism that schools can help solve the problem. He concluded that we must first understand the problem, then involve the entire community, and, finally, develop and sustain activities that are known to be effective.

TREATMENT - "CURRENT RESEARCH"
DR. ALAN LESHNER, DIRECTOR NATIONAL INSTITUTE ON DRUG ABUSE

Dr. Leshner defined how methamphetamine produces its effects on the body and said that we must understand why people use it. He recalled the Director's straightforward comment that people take drugs to make themselves feel good. This means people use drugs to alter their mood, perception, and psychological state.

People use drugs to alter their mood, perception and psychological state.

Drugs create these changes by modifying the brain. Studies conducted on the brain cells of drug-injected rats revealed exceptionally high stimulation in the "reward pathway" of the brain. Every major addicting drug of abuse—alcohol, nicotine, cocaine, heroin, amphetamines, marijuana—produces changes in dopamine levels in the brain pathway.[1] This kind of scientific research on the molecular impact of drugs on brain cells is improving our understanding of the nature of addiction.

Pharmacokinetics. Cocaine and amphetamine are both stimulants and have their primary effects along this pathway at the base of the brain. Inside the brain, research has discovered tremendous activity (seen as "spikes" in measurements on charts/slides) in the dopamine synapses that cause feelings of pleasure. People take methamphetamine and other drugs to feel this effect. The magnitude of the spike is different for different drugs; methamphetamine is a very long-acting substance that produces a prolonged elevation. Cocaine, on the other hand, produces a spike that goes up and down more quickly. People binge more frequently on crack cocaine in order get this pleasure effect but not as much on methamphetamine, because it has a prolonged duration of effect.

NIDA-supported studies have researched the extent to which drugs can change the brain. PET (positron emission tomography) scans have been useful in showing persistent patterns of drug abuse. For example, in one study, PET scans of a monkey's brain following a 10-day regimen of amphetamine use showed diminished dopamine production; only after a year did the brain begin to recover. Full recovery took nearly two years. Amphetamine, therefore, can produce a very dramatic, long-lasting reduction in the ability to produce the chemical dopamine, a vital substance humans require to experience normal pleasurable experience and normal emotional experience. The tragic consequence of methamphetamine abuse is a changed brain—a brain inhibited in its ability to transmit pleasure. The result can be severe depression and paranoia.

[1]The reward pathway (mesolimbic dopamine system) is a circuit of nerve fibers that links the middle and frontal areas of the brain. The middle area contains the limbic system, which is responsible for controlling emotion and behavior. The chemical neurotransmitter, dopamine, affects the way neurons handle information along this network. Stimulants work to increase dopamine levels. See Alan Leshner's, "Drug Abuse and Addiction are Biomedical Problems," ***Hospital Practice,*** April 1997.

Effects of chronic use. Other research findings concern the psychoactive effects of methamphetamine abuse. The tragic hazard of methamphetamine abuse is that it changes the brain in fundamental and long-lasting ways. Dependence and addiction are two of the many chronic effects. Methamphetamine, like crack cocaine, is one of the most addictive substances known to humankind. The reason for its addictiveness relates to its stimulation of dopamine levels. In addition, methamphetamine abuse can produce a series of psychiatric symptoms, such as paranoia, hallucinations and mood disturbances. A chronic user creates an extremely difficult and hazardous problem for treatment and law enforcement personnel because of the individual's altered state of mind.

Treating addiction. The problem for health investigators is that addiction is not just a brain disease. Environmental, behavioral and historical events also help determine whether someone will be addicted. Dr. Leshner emphasized that addiction is not just an issue of will or of biology; addiction is a bio-behavioral disorder with embedded biological, social, and behavioral aspects. This knowledge is important when treating addicts whose brains are changed. Given these influences, drug-abuse officials should adopt a different view about how to approach the health aspects of methamphetamine abuse. More research must be done in this context; health professionals must find methods to restore the addicted brain to a normal state.

The tragic consequence of methamphetamine abuse is a changed brain—a brain inhibited in its ability to transmit pleasure.

Progress will likely result when we understand the mechanisms of addiction so we can develop the best treatment strategies. While no medications are currently available for methamphetamine or cocaine addiction, some medications are available for certain psychiatric symptoms. Several behavioral treatments are in clinical trial.

Dr. Leshner concluded by reminding the audience that NIDA is committed to bringing the power of science to bear on the methamphetamine question. It will seek to understand the basic neurobiology and behavioral biology of methamphetamine addiction. NIDA continues its scientific role in developing treatment and prevention strategies.

Benefiting from the conference were over 160 participants, representing local, state, and federal agencies from six western states.

LEGAL - "METHAMPHETAMINE CONTROL ACT OF 1996"

HARRY MATZ, J.D., NARCOTICS AND DANGEROUS DRUGS SECTION
DEPARTMENT OF JUSTICE

Mr. Matz discussed the 1996 Methamphetamine Control Act and two of its general aspects: law enforcement and regulatory procedures. In the enforcement area, the law provides for increased criminal and civil penalties for methamphetamine trafficking and chemical offenses.

Trafficking and Production. For trafficking, the law directs the U.S. Sentencing Commission to increase penalties to reflect the heinous nature of such offenses, the need for aggressive law enforcement, and the extreme dangers associated with unlawful activity involving methamphetamine. For chemical offenses in aid of drug production, the sentences for using precursor chemicals are to be proportional to those for trafficking finished methamphetamine product. A "long arm" provision also exists that makes it a crime to manufacture or distribute a precursor or essential chemical abroad, including Mexico, with an intent to bring it into the United States illegally to manufacture drugs.

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Sales and Civil Violations. Prior law imposed a penalty of up to 4 years in prison with up to 8 years for a subsequent offense on any person possessing or selling any chemical or material with knowledge or reason to believe that it would be used to make a controlled substance. The new law includes an enhancement to the maximum penalty, increasing it from 4 to 10 years (and up to 20 years for a subsequent offense) if the controlled substance involved is methamphetamine. There is also a penalty enhancement for improper handling or disposal of the hazardous by-products of clandestine-drug manufacture that leads to public health and environmental harm.

Civil remedies were also added and strengthened. An innovative provision of the Methamphetamine Control Act permits the government to seek a civil penalty of up to $250,000 for sale of a "laboratory supply" (listed chemicals plus other supplies to be specified by the DEA) to a person who uses them to manufacture a controlled substance where the sale is with "reckless disregard" for the illicit use. The law also permits the government to seek additional injunctive and declaratory relief to stop violations. The government bears a lower standard of proof in obtaining civil remedies and may often move more swiftly and proactively to prevent a person or firm from facilitating the illicit production of controlled substances.

Regulatory Requirements. In general, DEA only regulates controlled substances, most harmful prescription drugs, potentially abused ones and certain precursor chemicals. Traditionally, the DEA has not monitored over-the-counter drugs, which are those bought without a prescription. Unfortunately, some of

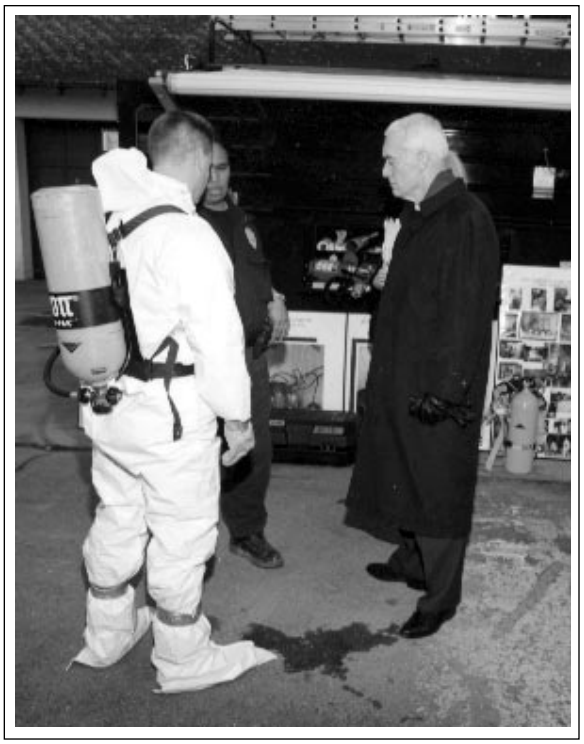
those pills contain precursor chemicals, such as ephedrine, phenylpropanolamine or pseudoephedrine, and drug traffickers exploited this exemption and began to import, export and distribute huge quantities of the exempt tablets.

The Act attempts to stem the diversion of these products by eliminating and narrowing exemptions for drug products containing the three key precursor chemicals used to manufacture stimulants. Under the new law, a retail sale of a drug product containing pseudoephedrine or phenylpropanolamine is exempt from regulatory record-keeping and reporting requirements if either:

(1) less than 24 grams are sold in a single transaction, or

(2) the product is sold in "blister packs" (solid form) or other small package sizes (liquid form).

These provisions were effective 12 months after enactment on October 3, 1997.



Director McCaffrey observes techniques for hazardous waste removal from dangerous methamphetamine lab sites.

LAW ENFORCEMENT INTELLIGENCE - "TRAFFICKING ORGANIZATIONS"

RANDY WEAVER, INTELLIGENCE SPECIALIST
NATIONAL DRUG INTELLIGENCE CENTER

Mr. Weaver discussed domestic and international methods of operation associated with Mexican methamphetamine organizations in five functional areas: precursor chemicals, lab operations, transportation, drug distribution and money laundering.

Precursor Chemicals. Mexican organizations traditionally produce methamphetamine using the ephedrine-reduction method. Essential precursor chemicals include ephedrine or pseudoephedrine, hydriodic acid and red phosphorous. These drug-trafficking organizations avoid law enforcement by alternating sources of supply for these chemicals. While regulatory efforts have clearly reduced domestic availability and have had some impact on overseas availability, Mexican organizations generally have little trouble obtaining bulk quantities of ephedrine which they get primarily from China. To get these chemicals, Mexican methamphetamine organizations will establish front businesses that require the use of large quantities of precursor chemicals. These businesses include auto-body and paint shops, oil-well service companies, swimming-pool service companies, mining and medical companies.

The preferred method of transporting precursor chemicals and methamphetamine is the automobile.

Clandestine Lab operations. The largest Mexican methamphetamine organizations have production operations in both the United States and Mexico. Labs in Mexico are usually larger and more secure than those in the United States and generally produce far more methamphetamine, frequently one hundred fifty to two hundred pounds per "cook." U.S.-based cooks usually average ten to fifty pounds of methamphetamine per cook. Labs are often located in Mexico on a family-owned ranch, a farm, a residence, or in a business. In the United States, labs may be in an auto-body shop, an abandoned mine, a deserted trailer or outbuilding, an apartment, a hotel room or in an orchard. The location of the lab site frequently depends upon the preference of the cooker. Once they establish a lab site, organization leaders select personnel that perform four specific roles: the manager or lab supervisor of the entire manufacturing operation, the cooker who oversees the actual cooking process and personally performs the more sensitive task of mixing and heating the chemicals, lab workers who perform physical labor and security personnel who safeguard the lab site.

Transportation. Mexican organizations use couriers that are trusted individuals, family members or friends to move methamphetamine along familiar points of entry into the United States. The preferred method of transporting precursor chemicals and methamphetamine is the automobile. Tractor-trailer rigs and private aircraft are used to move large

loads. The U.S. Postal Service, United Parcel Service, and Federal Express are used to transport methamphetamine, especially if the destinations are on the East Coast. Mail service allows for quick expansion to developing market areas.

Drug distribution. Finished methamphetamine is normally uncut until it reaches street-level distributors. Average purity level is 80-90 percent for even small amounts of methamphetamine. This high purity suggests the responsibility of cutting the methamphetamine rests with the street- level distributor. The Mexican mafia prison gang and outlaw motorcycle gangs play important roles in methamphetamine distribution, especially in Southern California and Arizona. Recent seizures, however, show this trend may be changing. Unlike their Colombian counterparts, Mexican methamphetamine mid- to upper-level leadership may be personally involved in the distribution of the drugs. Mexican traffickers seem to prefer more direct control over every aspect of their operations. Many have worked up the scale from street-level distribution to leadership.

Money laundering. Sophisticated, structured laundering of drug proceeds as practiced by many drug-trafficking organizations is quite rare in Mexican methamphetamine organizations. Mexican methamphetamine organizations do not typically attempt to make drug proceeds appear legitimate through structured deposits and wire transfers. The leaders of Mexican organizations prefer, instead, to hold money in cash form or invest in real property. Directly corresponding to the preference to possess cash, leaders of Mexican organizations also prefer to conduct business in cash, even for very large transactions. This method of cash exchange affords them a greater degree of security and simplicity and eliminates any potentially exploitable record of criminal activity. While their preference to possess cash and conduct business in cash terms is simple and difficult to track, it presents Mexican organizations with a significant logistical challenge, that of the movement of tens and, at times, hundreds of thousands of dollars in cash per trip.

The leaders of Mexican organizations prefer, instead, to hold money in cash form or invest in real property.

A narcotics agent demonstrates how to make methamphetamine using household chemicals.

State of Washington
Doug Allen
Division of Alcohol and Substance Abuse

Mr. Allen remarked that state statistics showed a significant increase in methamphetamine addiction reports in Washington state between 1992 and 1995. The population of methamphetamine addicts ranged in age from 26 to 34 and was predominantly white male. Of those who entered treatment, about 40 percent were intravenous-drug users, and the other 60 percent used other means.

Washington is taking a proactive response on the methamphetamine problem. The State modified its school survey to include specific questions about methamphetamine use among youth. State prevention agencies are reviewing strategies to develop a targeted-education program. The Children's Affairs Office will examine the matter concerning children found at clandestine lab sites. Legislation was submitted for enhanced penalties for the diversion of precursor chemicals.

State of Arizona
Alex Mahon
Governor's Division of Drug Policy

Mr. Mahon presented a brief review of the Arizona Strategy. To better understand the issue and develop a plan, Mahon's office coordinated with the California Bureau of Narcotic Enforcement (CBNE) and other agencies. Arizona subsequently developed a Strategy containing five goals, a series of objectives under each goal and action directives. The goals are: 1) Stop the importation of finished product from Southern California and Mexico into Arizona, 2) Stop clandestine laboratories, 3) Maximize public awareness, 4) Enrich education programs about the methamphetamine threat, and 5) Maximize effective treatment.

Arizona's current effort focuses on greatly increasing public awareness about the methamphetamine threat and on helping law enforcement address the challenge. Arizona law enforcement is training in lab cleanups, investigations and complex prosecutions. Collaboration is improving between the Drug Enforcement Administration, the Arizona Department of Public Safety, and the Maricopa County Sheriff's Office. Schools are increasing anti-methamphetamine messages; the agency will send out 40,000 small booklets to school districts so there is one booklet for every five students in the 8th-12th grade. A model methamphetamine-addiction protocol is being developed.

State of Oregon
Edward Mouery
Oregon State Police

Mr. Mouery remarked that Oregon's program focuses on community mobilization. One program, called On Track and located in southern Oregon, developed as a result of the efforts of a community coalition called FACT

(Family Addiction Community Team). The On Track program deals specifically with women that have children, with pregnant women, and with women addicted to methamphetamine. It is a collaborative effort with Oregon's Office of Services to Children and Families and the Office of Alcohol and Drug Abuse Programs.

This program develops and carries out family-treatment models that serve women and children, fathers or entire families where possible. Treatment goals reach beyond abstinence to family reunification, preservation and self-sufficiency. The program involves medical-field treatment, criminal-justice agencies, social-service agencies, community coalitions and volunteers from the community. Although the project has been in place for only about a year, early measurable results show promise. Increases in the number of children returning to their mothers and in employment prospects for enrollees are two positive results.

Another program involves developing partnerships among law enforcement, treatment and educational communities. In October of 1995, the U.S. Attorney's Office and the Oregon Narcotics Enforcement Association (ONEA) hosted a law enforcement conference on methamphetamine. ONEA then convened two "Methamphetamine Awareness" conferences with a target audience of treatment specialists, child-protective-services officials, legislators, judges, prosecutors and social-service workers. These conference activities provided information to develop a local drug strategy in Oregon.

State of Hawaii
Dr. Thomas Leland
Community Care Services

Dr. Leland, a psychiatrist, reflected on the long history Hawaii has with methamphetamine abuse. He said, "the Aloha State has been in the middle of an ice storm now for some years." Smoked methamphetamine is popular there and people use it like marijuana. Tragically, these people grossly underestimated the dangerous nature of the drug, and only after severe addiction do they realize that the "fist fights in the kitchen, stabbings in the garage, and increase of violent crime" are connected with methamphetamine abuse.

Psychiatrists see this violence and quickly learn to distinguish a toxic psychosis from a paranoid-schizophrenic psychosis. Dr. Leland said, "Schizophrenics see Martians hopping out of trees, and ice-heads see police dogs in bushes when they're tweaking." To respond to these psychotic problems, Dr. Leland emphasized that more medical research needs to be done. Rhetorically, the speaker asked, "Why do some people persistently hallucinate 2 and 3 years after they have stopped using the drug? Why do brain scans exhibit a progressive 'Swiss cheese' kind of erosion?"

He noted the measures Hawaiian communities have taken to counter the problem. Neighborhood Watch, for instance, is very knowledgeable about methamphetamine abuse. The result is an aggressive community effort that is making a positive difference. From the speaker's perspective, clear evidence exists that we can educate communities to address the problem.

State of New Mexico
Darren White
Department of Public Safety

The free flow of drugs into New Mexico is a persistent threat to the health and welfare of New Mexico's residents. Drug-trafficking organizations are increasingly ruthless, and violence has become the common threat of trade. In 1996, New Mexico became the seventh most violent state in the nation. In 1996, Part I crimes increased in New Mexico. The City of Albuquerque experienced a 20 percent increase in the homicide rate, a 34 percent increase in rapes, a 60 percent increase in aggravated assaults and a 35

percent increase in armed robberies. Threat assessments now show that the 150 miles of common border which New Mexico shares with the Republic of Mexico are primary gateways for the transshipment of drugs.

Methamphetamine violence can be bizarre. In May of 1995, two individuals high on methamphetamine invaded the home of an elderly couple, terrorized them and set their house on fire. While attempting to escape, the users shot two police officers, seriously wounding one of them. Another incident involved a man decapitating his son; this father also stabbed the son 60 times before he killed him. Tragically, another son, 10-years old, watched in horror. In February of 1996, a man and a woman, both known methamphetamine abusers, robbed a video store in Albuquerque and executed five people.

New Mexico continues to take measures to address the problem. Recently, the Department of Public Safety's State Police Division created a clandestine-lab team that combines drug agents and hazardous material experts from the Department of Environment. Other initiatives involve increasing cooperation with federal counterparts and improving community awareness.

Keynote Luncheon Address

THOMAS A. CONSTANTINE,
ADMINISTRATOR
DRUG ENFORCEMENT ADMINISTRATION

Reflecting on 34 years of law enforcement experience, Administrator Constantine noted that law enforcement officials bring order to drug-related chaos and violence by focusing on criminals who are causing havoc. He acknowledged an important part of the answer to the drug problem lies in reducing demand, and we must make a complementary effort in rehabilitation. Unless the country effectively addresses these areas, we would re-create the demand for drugs.

Law enforcement plays a leading role in addressing emerging drug threats. In May 1995, for example, the Narcotics and Dangerous Drug Committee of the International Association of Chiefs of Police (IACP) first addressed the methamphetamine threat. The Association reviewed state reports and found methamphetamine-related deaths tripled in a twelve month period. The Arkansas State Police reported the number of methamphetamine cases rose from 543 to more than 2,000 in 1995. Missouri, Iowa and other states in that region had similar increases. The Association also examined the migration patterns of traffickers and found they routinely use the cover of Hispanic communities to traffic drugs.

Law enforcement plays a leading role in addressing emerging drug threats.

DEA Administrator Tom Constantine described law enforcement efforts to control domestic and international drug trafficking.

Law enforcement reviewed the violence associated with the drug and the exposure of children to the toxic dangers of clandestine labs. Children burn to death in laboratory explosions. A battle between the Arellano-Felix brothers and a breakaway group resulted in 26 deaths. Law enforcement is especially vulnerable because methamphetamine abuse causes a type of delusional attitude in which the drug abuser fears people in power and in uniform. Methamphetamine users, therefore, are extremely dangerous people for law enforcement officials.

DEA also distinguishes two very different patterns of production and trafficking. The first, and the smallest, but potentially a very significant threat, is the Nazi method of production, which appears in Missouri, Kansas and Arkansas. (The term "Nazi" is derived from methamphetamine use by German pilots in World War II to stay awake or alert). Producers have taken this formula and, in what are called 'mom-and-pop' operations, use over-the-

counter medicines with pseudoephedrine or ephedrine to produce small amounts, no more than a pound, of methamphetamine.

The second pattern is large-scale production that mimics the classic organized-crime pattern for the monopolistic control of criminal activity and is operated by sophisticated trafficking organizations based in Mexico. A few very powerful and very dangerous groups exist. First, in Juarez, is the Carillo-Fuentes organization, which is also a major transporter of marijuana and black tar heroin. The second is the Arellano-Felix group out of Tijuana, Mexico. The third is the Amezcua organization. All these groups moved from being merely transporters of drugs to setting up their own distribution systems throughout the United States.

The Mexican organizations rival and occasionally surpass Colombian organizations.

The Mexican organizations rival and occasionally surpass Colombian organizations. They have vast wealth and control production, distribution and communication systems. DEA has tracked these groups from rural Mexican villages to Europe, Asia and the Far East, where they negotiate multi-ton shipments of chemicals, especially ephedrine. The largest seizure of methamphetamine occurred in February 1995, when U.S. Border Patrol agents discovered 693 pounds of methamphetamine that the DEA linked to the Carillo-Fuentes organization.

The law enforcement response to these groups is to pursue a steady enforcement strategy: Identify the criminals, conduct an investigation, arrest and convict them. Specific deterrence includes long-term prison sentences for criminals. General deterrence sends a message from law enforcement to the public not to get involved in illegal drug enterprises.

Law enforcement is also working to make a reduction in organized crime. Strike forces and witness-protection programs have caused a measurable reduction in organized-crime influence inside the United States. The difficulty today is with law enforcement counterparts in other countries who have a limited budget and institutional base. Progress, while difficult, continues at the international level.

Mr. Constantine closed by expressing his optimism that we can reduce the drug abuse problem. He noted substantial progress and success since DEA chaired a national law enforcement conference on methamphetamine in March 1996. He reminded the audience of the successful reduction of international organized crime in the United States and of the drop in violent crime rates in several U.S. cities. He cautioned that law enforcement cannot do it alone and that a major responsibility lies in prevention and treatment rehabilitation. Resources must be committed, and all agencies must get involved to achieve a positive difference.

Midday meal provided an oportunity for discussion of morning presentations.[2]

[2] Seated with Director McCaffrey and Senator Feinstein are: Thomas Constantine, Administrator, DEA; Dr. Andrew Mecca, California Alcohol and Drug Program; Michael Yamaguchi, U.S. Attorney for the California Northern District; Daniel Lungren, California AG; Patricia Seitz, ONDCP Legal Counsel; Dr. Alan Leshner, Director, NIDA; and Katrina Pflaummer, U.S. Attorney for the Western District of Washington.

The purpose of the working group session was to solicit information and obtain recommendations to answer policy concerns on methamphetamine abuse in four areas: prevention and education; treatment, enforcement and courts; precursor chemical control; and clandestine labs. The workgroups began with short briefings then opened the floor to discussion. The participants considered State experiences and explored gaps in knowledge. What follows is the summary report given by a group leader. Appendix B contains a digest of the briefings.

WORKGROUP 1: PREVENTION AND EDUCATION

PRESENTER: DR. ROBERT ROSS
SAN DIEGO
DEPARTMENT OF
HEALTH

Summary. The epidemiology of methamphetamine underscored the need for regional and even local approaches. Prevention strategies are most effective when applied to local needs and with local involvement in using those drug messages. Punitive approaches seem ineffective with youth. This is especially true when performed in isolation, outside other prevention or community-based strategies. Finally, we must integrate the business industry into these strategies for a comprehensive effort, and the efforts of some businesses to educate employees about methamphetamine are an important first step.

Finally, we must integrate the business industry into these strategies for a comprehensive effort.

Recommendations:

- Increase mentoring activities. The group believed drug abuse is another symptom of a condition known as isolation, as are teen pregnancy, gang involvement and/or youth violence. A mentor can reduce this feeling of loneliness, help restore a sense of belonging and reduce dangerous, at-risk behavior.
- Increase funding. Local communities require funds to develop the technical assistance to inform members about workable strategies.
- Increase emphasis on gateway drugs—tobacco, alcohol and marijuana.
- Target media strategies need to be targeted at the local level and take geographic, cultural and educational differences into account.
- Ensure education messages cover the environmental consequences of methamphetamine abuse.

WORKGROUP 2: TREATMENT, ENFORCEMENT AND COURTS

PRESENTER: BARBARA ZUGOR
TREATMENT
ASSESSMENT
SCREENING CENTER
ARIZONA

Summary. The treatment and criminal justice communities must develop a system that identifies and channels addicts into treatment without fear of recrimination. Treatment capacity must, therefore, match demand, particularly if the system requires clients to participate. The group noted that women are reluctant to enter treatment for fear of losing custody of their children. One idea involved using real estate companies that own large apartment complexes to establish a contract with their tenants designating the complex as

a drug-free zone. Another idea was the use of random drug testing in high-schools to address the "predisposition to substance abuse" among young people. Finally, it was suggested that emergency rooms report drug-abuse admissions to a central agency to make data collection more uniform.

• • • the message must be emphasized to policy makers to invest in treatment in partnership with the criminal justice system.

One person noted that much of what is wrong with treatment relates to how we select individuals to go into a very limited number of treatment slots. There is a perception of two sources of funding—dollars for prison and dollars for treatment—yet one treatment dollar equals seven incarceration dollars. In the drug-court model presented, the return benefit is about 12.5 to 1. It was believed the message must be emphasized to policy makers to invest in treatment in partnership with the criminal justice system.

Recommendations:

- Identify drug users and find treatment before criminal justice involvement or crisis-medical services, such as for overdose, are required.
- Encourage the business community to support the anti-drug abuse effort by participating in programs such as the "Drug-Free Workplace" program. Employers who hold the threat of job loss are in a unique position to direct employees to seek treatment.
- Increase treatment capacity, particularly in mother/child programs.
- Expand use of treatment centers and drug courts as non-prison sanctions.
- Develop protocols to establish coordination among agencies dealing with methamphetamine abuse; for example, coordination with Child Protective Services.
- Research treatment strategies for the psychotic methamphetamine abuser.

WORKGROUP 3: PRECURSOR CHEMICAL CONTROL

PRESENTER: BARBARA MATTHEWS AMERICAN STORES COMPANY

Summary. The change in precursor use is based upon what is easily available and whether the drug trafficking organization can make money. When P2P became a scheduled drug and subject to more enforcement, there was a switch to ephedrine and pseudo-ephedrine. This occurred because these precursors were readily available, simpler to use and produced a more potent drug. Chemical controls are inconsistent on a world-wide basis. While sales and purchases of certain precursor chemicals are controlled by strict reporting in the United States, other nations may not have such requirements. The DEA is working with ephedrine-producing nations to increase enforcement controls.

Legitimate manufacturers and retailers are helping to curb methamphetamine abuse through retail-education programs.

Legitimate manufacturers and retailers are helping to curb methamphetamine abuse through retail-education programs. Some retailers have undertaken voluntary efforts to limit sales in their retail outlets. A national problem may exist with mail-order sales. When California reduced production through increased restriction of chemicals and tracking of sales data, there was an increase in mail-order purchase of tablets, precursor chemicals and lab hardware, such as flasks and beakers. Other states must pass laws similar to California's laws to ensure uniform enforcement.

Domestic Recommendations:

- Focus on Conspiracy Cases. Target efforts against rogue chemical companies.
- Continue to Identify Diversion. Establish a DEA/state-industry task force to identify and quantify the particular source of diversion. Businesses must maintain positive control over purchasing agents to reduce front companies.
- Improve Prevention Efforts. Fund programs through taxation on precursor ingredients, supplies and products. School anti-drug programs should add education on brain impact and environmental effects of methamphetamine abuse.

International Recommendations:

- Use the 1998 U.N. General Assembly. This meeting can draw attention to the global amphetamine problem and improve work with countries such as China and Mexico.
- Consider sanctions. Enforcement status and cooperation could be used as a factor in awarding most-favored-nation status. Extreme cases may require a reduction in aid.

. . . tthe following areas need development: a proactive intelligence system, training for police and responders to lab sites, medical-monitoring programs . . .

- Sign Treaties. Work with organizations like the INCB may help to amend international agreements to bring countries into legal compliance.

WORKGROUP 4: CLANDESTINE LABS

PRESENTER: DR. DAVID CHANDLER OREGON UNIVERSITY OF HEALTH SCIENCES

Summary Report. The group focused on safety aspects of methamphetamine laboratories in three major categories: intelligence collection, training, and public awareness. The group emphasized that the following areas need development: a proactive intelligence system, training for police and responders to lab sites, medical-monitoring programs to evaluate health and environmental risks, and an increase in public awareness with a focus on child protection.

Recommendations:

- Build a Data Base. A proactive, multi-source, centralized database reporting (with a focus on origin reporting and trend analysis) system is useful. The data would also include information about police exposures to toxins and epidemiology patterns. This information about health safety and impacts of chemical processes is needed to protect responders.
- Improve Training. It should be uniform and focused on the risks of policing hazardous waste sites. It should be process-based because the byproducts are different, and it should focus on the different chemical processes used to make methamphetamine, whether by the P2P or red phosphorous or solid sodium methods.
- Maintain exposure data. The respective agencies must maintain exposure documentation of responders for follow-up medical management or care. This is important, given the long-term health hazards involved with these chemicals.
- Increase Public Awareness. Policy officials must target public awareness at

realtors, renters and homeowners. It was noted that Hawaii law enforcement trains residents to recognize the odor of acetone. Awareness training and education must account for ethnic differences, such as with the Spanish-speaking community. Laws to protect children are important, so public education needs to include legislators.

- Seek Environmental Prosecution. Prosecution should include environmental crimes and should increase the likelihood of stiffer sentences. Such prosecution would encourage third-party actors, such as motel owners, to seek damages and help ensure environmental dangers are minimized.

The Western Regional Methamphetamine Drug Conference
(States of CA, OR, WA, HI, AZ, NM)
January 12-13, 1997
Officers Club, Presido of San Francisco

Sunday, Jan 12	
1:00 pm - 7:00 pm	Registration - Main Lobby, Holiday Inn Union Square
7:00 pm - 8:30 pm	Reception - Holiday Inn Union Square, Savoy Room, 30th Floor
Monday, Jan 13	
6:45 am -7:15 am	Buses depart Holiday Inn Union Square. Enroute Presidio
	Registration, Officers' Club Lobby, Continental Breakfast
8:00 am -8:30 am	Opening remarks by Director and Select Speakers. (open press)
8:30 am - 11:15 am	**Plenary Session - Assessing the problem. (open press)**
8:30 am - 8:45 am	Data. "Drug Use Monitoring Results " *National Institute of Justice*
8:50 am - 9:05 am	Prevention. "The Role of Schools" *US Department of Education*
9:10 am - 9:25 am	Treatment. "Current Research" *National Institute on Drug Abuse*
9:50 am- 10:15 am	Law Enforcement. "Trafficking Organizations" *National Drug Intelligence Center*
10:20 am- 10:35 am	Legal. "Methamphetamine Act of 1996" *US Department of Justice*
10:40 am -11:15 am	State Reports (5-min. ea.) "Successful Programs" *Representatives from Office of State Governor*
11:30 am - 12:45 pm	Working Luncheon (Keynote: DEA Administrator). (open press)
1:00 pm - 1:30 pm	Press Conference in Plenary Room. Open to all conferees
1:30 pm - 3:45 pm	**Workgroup Sessions - Finding Solutions. (Closed press)** 1. Prevention and Education: The Need for a Regional Prevention Initiative 2. Treatment, Enforcement and Courts: Responding to Methamphetamine Abuse 3 Precursor Chemical Control: Domestic and International Efforts to Limit Production 4. Clandestine Labs: Intelligence, take down, cleanup
4:00 pm - 5:30 pm	Plenary Session: Workgroups report (5 min each - 15 min Q/A)
5:30 pm - 6:00 pm	Closing Remarks by Director and Select Speakers

Workgroup Briefings

The conference workgroups opened with briefings from experts and practitioners. The purpose of the briefings was to stimulate thought and discussion on the broader themes of prevention and education; treatment, enforcement and the courts; precursor chemical control; and clandestine labs. What follows is a brief digest of these remarks. They are given in order of presentation.

Dr. Michael Gorman, University of Washington

Epidemiology. Amphetamines and methamphetamines exert action as a result of released neurotransmitters that are affected by the manner or route of administration, including drinking, ingesting, smoking and injection. In Hawaii, the mode of use is smoking "ice." In the State of Washington, 40 percent of those coming to get treatment are injection users. The problem in Northern California is primarily one of injection. The data sources from this region come from the community-epidemiology working group, which NIDA funds, and the Drug Abuse Warning Network, the Drug Enforcement Administration, Drug Use Forecasting, treatment-episode data and ethnographic/anthropological studies.

The purity of the drug varies from 20 percent to 90 percent across the Western cities. There are two types of manufactured methamphetamine: domestic and international. The prices range per gram from $50 to $80.

Although the traditional, drug-using population included the motorcycle gangs, meth is also used by white males, adolescents, young adults, young adult women, gay and bisexual men. In Northern California and Washington state, people who are infected with HIV are using methamphetamine to self-medicate. A clear association exists between HIV infection and methamphetamine injection. Methamphetamine is much more highly correlated with HIV infection than is heroin or crack cocaine. Thus, there are different user-profiles in each community that are differentiated by the following characteristics: rural versus urban, gender, age, race, ethnicity, socioeconomic status and sexual orientation. Each of these variables needs consideration.

Leslie Bloom, Partnership for a Drug Free America

Prevention Strategy. A privately funded, nonprofit organization founded in 1986, the Partnership for a Drug Free America's (PDFA) mission is to reduce the demand for illegal drugs through media advertising. Television, radio, print and outdoor messages target nonusers, users and influencers, such as parents or mentors, to encourage them to talk to kids about the dangers of drugs. PDFA's creative work is research-based and uses information primarily from three annual studies: Monitoring the Future, the National Household Survey, and PATS (Partnership Attitude Tracking Study). PDFA distributes new products twice per year to the media and to its state and city alliance program partners.

PDFA's powerful advertising works. In markets where the messages run heavily, results are dramatic. Anti-drug attitudes are strengthened, and drug use goes down. More than $2.8 billion in advertising has been donated to PDFA. A meth campaign in cooperation with NDMA (Nonprescription Drug Manufacturers Association) is in development and is expected to be launched by year's end.

Dr. Mary Ann Pentz, University of Southern California

Multi-Component Prevention Programs. Dr. Pentz discussed a study of the effects of a five-component community program, which was completed in 1991 and is under analysis for long-term implications.

Multiple influences affect youth drug use and include the greater community, leisure time activities, places where youth hang out, mass media, home and school. The study attempted to take influences that can have a negative effect on adolescent drug use and counteract them through programmatic strategies. The targets of intervention were the gateway drugs—tobacco, alcohol and marijuana—and their abilities to affect long-term amphetamine abuse. Two metropolitan areas were selected: Kansas City and Indianapolis. Use in the Midwest is very similar to both coasts. The demography of the areas includes inner city, suburban and rural communities, not just inner city metropolitan areas.

The community-based intervention included the use of adolescent peer-opinion leaders to talk about the positives and the negatives of drug use, the use of innovative, active teaching strategies and use of the Socratic method of discussion. Dr. Pentz emphasized that work on social influence-based programs do not require targeting specific drugs because children will do it themselves. During discussion, young people would talk about the situations they encountered and about the inclusion of parents through homework activity.

A strong use of resistance-skills training was integrated through all components. Use of assertiveness training and counter-advertising taught students to reject social influences to use drugs. An adolescent in the program for the 5 years between 1985 and 1990 would have participated in an 18-session school program; watched, listened to or read an average of 31 mass-media messages per year; and participated with their parents in a parent-skills program.

Additionally, adolescents benefitted from community organizations and changing local policies, such as raising revenues for adolescent inpatient beds and establishing a clearinghouse for prevention materials. The long-term results: Extrapolating to the entire grade cohort of adolescents, there was a decrease of about 21 percent in amphetamine use in Kansas City.

Policy implications. Restricting age and setting appears to affect youth, but disrupting sales and punishing users does not. A multi-component program is more effective than most school-based programs. Social norms are better reinforced and sustained with community support rather than with some school-based programs alone.

The results of study suggest that focusing on gateway-drug use may be enough to reduce other forms of drug abuse. This generalized hypothesis must be proved, however, because these skills do not seem to help as much with heroin users. Stimulation-replacement hypotheses suggest that the strongest effects from social-influence programs tend to be on those drugs that have arousal, sensation-seeking or stimulus-seeking properties such as tobacco, cocaine, amphetamine and LSD.

To build a multi-community-based approach, it must include not only coalitions but school and parent programs; it must also review restricted-access policies that focus on punishment as an outcome. Finally, prevention programs and policies must be consistent as to their enforcement and prevention orientation.

Kevin Kraushaar, Nonprescription Drug Manufacturers Association
Cathy Polley, Kmart Corporation

Pharmaceutical Industry Initiatives. In the United States, nonprescription medications serve more than 40 million people who rely on these products for allergies, winter coughs and colds. Unfortunately, drug traffickers have found methods to use these products in the manufacture of methamphetamine.

National retail associations are working to develop a volunteer education and training program on methamphetamine. The purpose is to make sure retailers, wholesalers and distributors are aware of what methamphetamine is and what it can do. An example is a coalition in Washington state comprising drugstores, the Washington State Police, the Washington State Board of Pharmacy and a number of other trade associations that developed an education program for store clerks.

Dr. Mary Lynn Brecht, UCLA Drug Abuse Research Center

Toxicology and Epidemiology. Dr. Mary Lynn Brecht reviewed the California Drug Forecasting Study (CALDUF) on arrestee methamphetamine abuse. Data were collected in one interview 30 to 45 minutes long and through a urine test. The study sampled adults and juveniles from 13 counties at the central jail facilities. The results from an adult sample of 3,000 showed about 18 percent of those arrestees tested positive for methamphetamine or amphetamines. Variation in levels of such use varied widely, ranging from less than 10 percent to more than 50 percent.

Methamphetamine users look remarkably similar to other drug-abusing, drug-using arrestees, with one major difference: Methamphetamine users were more predominantly white than were other drug-using arrestees. In other characteristics, such as gender and age, they looked remarkably similar. This similarity holds even when looking at characteristics related to violence.

For example, police arrested about the same percent age for violent charges as with other drug-using arrestees. In terms of being the victim of violence or being involved in violence, again, methamphetamine-using arrestees were not dissimilar from other drug-using arrestees tested. As for treatment, most of the methamphetamine-using arrestees had not been in treatment for substance abuse. For the few who had been in treatment, it was for drugs other than methamphetamine. In general, methamphetamine users reported they did not think they needed treatment.

A similar picture emerged among juveniles. Juvenile arrestees reported extensive drug use, with 41 percent using one or more drugs but with a low use of meth. Methamphetamine-using juvenile arrestees are not dissimilar from other drug-using arrestees. However, with amphetamine use, there is slightly more use by males, and it is predominantly used by white persons, with Hispanics constituting a growing group. The rate of methamphetamine use among juvenile arrestees varies across counties. The interesting difference is that the study showed a broad penetration of methamphetamine use in this population across most of the counties in the sample, more so than with heroin or cocaine.

Dr. Michael Sise, Mercy Hospital, San Diego

Emergency Room Experience. The hospital emergency-room worker sees injury, death, ruined futures and broken hearts. At one hospital in San Diego, 60 percent of the ER visits involve alcohol or drugs, and many nights a high percent age of ER patients test positive for methamphetamine. A typical example was a 40-year old construction worker driving south on Interstate 805, slumped over the wheel of his car at 4:00 pm; he drove off the road into the local iceplant. Brought to a trauma center, he was in ventricular fibrillation that looks like a heart attack.

He subsequently survived. In California, if one is under the age of 45 and arrives with chest pain, doctors assume that person took either crack cocaine or methamphetamine because of its effects in causing cardiac ischemia.

From these and other experiences, Dr. Sise proffered several rhetorical questions to spark discussion. How do we get people in treatment other than by having them under arrest? In other words, most treatment-entry points are when people are arrested because of the violent behavior methamphetamine causes. How do we identify people before they get to the end of the road, before they are in a trauma room with a stab wound to the heart or before they are arrested for a violent crime? What are the inducements?

How do we encourage law enforcement to become a part of the resources available when a family identifies someone who is using methamphetamine? In other words, why must law enforcement make an arrest to be available to support a family? What kind of community strategy can we partner with law enforcement, family, schools and courts? How can we support our courts to provide alternative punishment for those identified as methamphetamine users?

We should ask public policy leaders: Why are there not private financial resources from industry, business and the professions? Can we not talk with computer companies, brokers and businesses to include them in policy planning? How can we better embrace the drug-treatment community?

Ray Johnson, Executive Director, Office of Criminal Justice Planning, State of California

Children and Methamphetamine Labs—California's Model. With the widespread proliferation of methamphetamine in the nation, children are becoming the newest victims of this dangerous and deadly illegal drug. In 1996, more than 850 clandestine methamphetamine laboratories were raided statewide by the California Department of Justice, Bureau of Narcotic Enforcement. Law enforcement reports document that children are being endangered by exposure to deadly chemicals and explosions, not to mention neglect.

Many of these labs are located in residential neighborhoods within close proximity to schools and other residences. The documented effects of these toxins on exposed children include life-threatening or chronic health problems, such as impairment of kidney, lung, liver and brain function. Related-behavioral disorders include aggression, violence, paranoia and hallucinations. Parents who cook or deal methamphetamine often neglect and endanger the children.

A typical scenario involves a narcotics-investigative team or police officer who happens to find a methamphetamine suspect who has children either in a home, motel or in a vehicle. The officer knows that he/she must process the case against the adult but has inadequate resources to deal with the children. While a key concern is to look for visible injuries to the children and get medical assistance, the officer is also thinking of the most expeditious way to get the children off of the scene so that he or she can process the case. Due to expediency and lack of standardized protocols, the police will deposit the children with a neighbor, relative or a family friend rather than call for child-protection-agency assistance. This circumstance occurs particularly, for example, if the investigation is in a distant county or remote area where, if they call CPS (Child Protective Services) for backup, it would take hours for someone to respond.

In response to the problem, the Office of Criminal Justice Planning, in collaboration with the California Council on Criminal Justice, produced a comprehensive guidebook

to help communities statewide address this issue. A working group of leading experts on this issue from across disciplines was convened.

Key findings included the following: First, children present at lab sites are at risk of drug and/or chemical contamination but are sometimes allowed to leave the scene without being fully evaluated for immediate health and welfare needs. Second, exposure of children to hazardous waste chemicals associated with the manufacturing of methamphetamine may be prima facie evidence of a violation of child endangerment laws and should be pursued as such. Third, because lab sites pose a health risk to humans as a result of contaminating the ground, the water supply and/or buildings, methamphetamine abusers may be prosecuted for this environmental offense.

The group of experts developed two primary recommendations: 1) Develop protocols to assist local jurisdictions in implementing new programs, and 2) Provide training and technical assistance to professions involved with methamphetamine production and abuse intervention.

Dr. Richard Rawson, The Matrix Institute, Los Angeles

Treatment. Methamphetamine studies are providing clear evidence that addiction is a brain disease and a bio-behavioral disorder. Reemphasizing Dr. Leshner's discussion, the presenter reported that people addicted to methamphetamine are people with severely-damaged and severely-dysfunctional brains. Why this occurs becomes apparent when one compares cocaine and methamphetamine effects on brain cells.

For example, the duration of action of methamphetamine is much longer than cocaine, roughly five to six times longer. This produces a more profound effect in that it exhausts the neurons where it is having its impact. Methamphetamine affects the dopamine system because methamphetamine is drawn into the neuron, affects the dopamine transporter and affects the neuron's structure. Because methamphetamine remains longer in the brain, the drug produces more profound damage to the brain. Consequently, the recovery process takes longer.

There are no well-established treatments for these problems. One can sedate the person, one can use anti-psychotics, one can use medications to try to bring symptoms under control, but there is no drug that will bring a user out of a diminished state. One can keep a user calm until the brain metabolizes the drug out. For the crash, there is nothing. There are no pharmacotherapies that relieve physiologic severe depression or severe paranoia that occurs in the early part of recovery.

In terms of developing treatment, there are four different elements which seem important. First is the treatment of the acute intoxication and toxic psychosis. What tools do we have to deal with the person who comes into the emergency room, psychotic, hallucinating and paranoid? How do we contain and keep him or her from self-harm or from hurting other people?

Secondly, when methamphetamine users stop using and enter the crash that lasts 1 or 2 days for a cocaine user but for up to 10 days for a methamphetamine user, how do we handle the severe depression, lack of concentration, severe craving, cognitive impairment and extreme anxiety and panic disorders?

Third, after the first week, when the brain has started to recover partially, there is a recurrence of some crash-like symptoms, something physicians call "the wall." What do we do about this effect?

Finally, for treatment, there are a minority of patients who develop hallucinations and

paranoia. When the patient stops using, the hallucinations and paranoia do not stop; these symptoms continue for a long period, if not permanently. How do we help these people?

The treatment system is not ready for the methamphetamine user. For example, in Rancho Cucamonga, a major impediment to treatment is managed care. There are simply more patients than availability. If users do find treatment, what they often find, unfortunately, is treatment designed for heroin addiction or for alcoholism. Such treatment does not give them accurate information about what methamphetamine has done to their brain. It does not give them any tools that specifically can help them with their methamphetamine problem. Ironically, much of the treatment being offered as treatment for methamphetamine may be slightly counterproductive.

It is generally accepted that methamphetamine treatment needs to be long because the duration of effect of methamphetamine is extended. Treatment of less than four to six months is probably not sufficient. The context of treatment needs to provide coaching, teaching and education to people, not just about generic drug effects, but about how methamphetamine affects the brain. Many of these patients will listen, and will change their behavior if they understand what the drug is doing to the brain.

The Matrix Institute teaches addicts about the brain, conditioned cues, how certain situations, people, events and emotional states produce craving, and why craving occurs. The Institute is guided by the belief that people can learn why this happens to them and that these people will change their behavior accordingly.

Additionally, it was emphasized secondary drug and alcohol abuse must be stopped because it is a major precipitant to relapse. He also recommended treatment of sexual behavior due to the connection between such behavior and the methamphetamine-craving mechanism. These are particular problems among the gay and bisexual male population where sexual behavior and methamphetamine use are inextricably entwined. Such behavior places this population at very high risk for HIV transmission.

The Honorable Patrick Morris, Judge of the Superior Court, San Bernardino County

Drug Courts. Drug courts are revolutionizing the criminal justice system and successfully breaking the stranglehold drug-using offenders have had on the system.

Drug abuse is the common denominator in almost all criminal activity, and drug offenses are the primary cause of overcrowded jails, court dockets and prisons. The drug problem creates a cycle of crime that goes beyond drug possession and sale. Untreated, the drug-addicted offenders are stuck in a revolving door—within hours of release from jail or prison, these offenders return to drugs and a criminal lifestyle that results in rearrest and prosecution. Over a million people are arrested each year for drug crimes. Yet "get tough" crime policies have made drug treatment scarce in jails and prisons: Fewer than 10 percent of prisoners receive meaningful treatment. Because drugs are available in many jails and prisons, offenders continue their drug use behind bars.

We have long known that intensive drug treatment is the most cost-effective way to combat drug abuse and drug-related crime. However, one of the great challenges has been to keep addicts committed to their treatment programs. Voluntary treatment programs, typically, have a graduation rate ranging from 25 to 35 percent .

Drug court strategy departs from traditional criminal-justice practice by placing nonviolent, drug-abusing offenders into intensive,

court-supervised outpatient treatment instead of jail or prison. Participants are required to be in drug-treatment classes several times a week and are drug-tested regularly. Additionally, they are required to attend Narcotics Anonymous meetings and job training as well as GED, parenting and anger management classes. They see the judge at regular intervals for a review of their program, and relapse is immediately sanctioned with weekends or longer in jail. The goal, over a year-long program, is to rehabilitate addicts in all aspects of their lives—stop their drug use, start working and supporting their families and end their criminal activities.

If participants fail to complete the treatment program, then prosecution and sentencing proceed in the traditional manner. But the data shows that most drug-court offenders do complete their programs (50-75 percent graduation rates) and do not return to their criminal lifestyles (rearrest rates a year after graduation range from 3 to 15 percent).

This restorative-justice program is now being used in over 200 courts throughout the nation, and 100 additional drug courts are in the planning stages. The explosive growth of drug courts indicates the judiciary's frustration with the traditional methods of handling drug-addicted offenders and a determination to sponsor a more effective strategy for reducing both crime and drug abuse.

Dr. Scott Lukas
Harvard Medical School
Massachusetts

Pharmacology and Toxicology. Dr. Scott Lukas presented an overview of the factors leading to the change of methamphetamine-synthesis methods from the precursor P2P to ephedrine, pseudoephedrine and phenylpropanolamine. Over the past 7 years, the ephedrine-reduction method has increased, and the P2P process has decreased in use due to improvements in law enforcement, such as identifying the precursor sources.

The ephedrine-reduction method first observed in the early 80s is now preferred to the P2P method because it is simpler, and the product is more potent. The scheduling of drugs and enforcement affects profit margins and, subsequently, the behavior of a methamphetamine cooker. Additionally, the use of phenylpropanolamine as a precursor does not produce methamphetamine but amphetamine, which may be an important distinction.

A comparison of the different chemical processes used to make methamphetamine reveals the distinction between the two methods. If one begins with P2P and adds a little methylamine, a product called dl-methamphetamine is formed (the "d" and the "l" refer to different isomers). In the ephedrine model, pyridine is added, along with some red phosphorous and iodine, and the product is only the pure isomer, methamphetamine. Thus, the yield of the active isomer is greater than the P2P method.

Resistant to metabolism, methamphetamine lasts 10 or 11 hours compared to cocaine, which might last 40 or 50 minutes. This drug has a longer duration of action and a different chemical profile, explaining its effect. The central nervous system (CNS) effects include increased alertness, vigor, arousal, euphoria, tachycardia, hypertension, hyperpyrexia (an increase in body temperature) and mydriasis (large, dilated pupils). Over time, users will reduce food intake and sleep time and become emaciated.

Ephedrine is found in many over-the-counter nasal-decongestant products, but it is also a vasopressor that is 10 times longer acting than epinephrine. Ephedrine has substitution on the beta carbon; this modification allows it to "resist" enzymatic breakdown. It is a good bronchodilator, so it helps people who have asthma. It is also a very poor CNS stimulator, so individuals who use it to get high must use more of the drug.

Phenylpronalomine , or PPA, was often the "look-alike" drug of the 70s and 80s. It was sometimes combined with ephedrine and caffeine, and it also had low CNS effects. Difficulties from toxic reactions occur when an individual thinks he or she is getting something but does not "feel" the drug. When using these substitutions, the individual does not get the desired feeling and so uses more of

the drug in an attempt to get that feeling. This practice can cause an overdose. Precursors in manufacturing, such as lead acetate, sodium cyanide and solvents (acetone, benzene), are extremely dangerous. Precursors to P2P include acetic anhydride, hydrochloric acid, sodium hydroxide and sulfuric acid. These chemicals all have very pronounced toxicity on skin, lungs, eyes and mucous membranes. The byproducts or contaminants of the P2P method—lead oxides, mercury and acetic acids—are incredibly toxic compounds that require the use of protective suits for cleanup operations.

It is worth noting that corrosive toxicity of chemicals like sodium cyanide is caused in solid, liquid and gas form and causes skin, eye and lung irritation. Inhalation of acetone or benzene can cause liver-toxicity problems, kidney problems and destroy end organs; hydrogen cyanide can kill. Corrosives and irritants cause blindness by burning the mucous membranes and the skin itself. Thus, there are direct-toxicity effects and long-term organ toxicities. Many of these chemicals have a very characteristic odor, which my help law enforcement identify what type of lab is under investigation.

We cannot control all chemicals because a good chemist can take most anything and make it into something else. If a hierarchy must be made, however, the priority should be based upon: 1) the ease with which it can be used to produce the end product, and 2) its own pharmacology or toxicology for the particular drug to be used as a precursor.

Marc Golubock, Drug Enforcement Administration (DEA)

International Chemical Control/Law Enforcement. The international story begins around 1988, when the U.S. Congress passed the Chemical Diversion Trafficking Act (CDTA). The law was needed because of the limited impact of voluntary, cooperative controls within the chemical industry. Cocaine was inundating the United States, and the DEA was concentrating on chemicals used to produce cocaine. These chemicals, primarily solvents and potassium permanganate, were subsequently listed in the CDTA.

Control of chemicals used to make methamphetamine began to take place in the mid-1990s. After a 1994 seizure of three tons of ephedrine destined for a fictitious Mexican company, the law enforcement focus began to include methamphetamine-chemical diversion. The DEA began analyzing the diversion problem, which used false labeling, front companies, corruption and intimidation.

The DEA responded by working with the International Narcotics Control Board (ICNB). This United Nations agency is a very cooperative, extremely pro-drug law enforcement agency based in Vienna, Austria. Several countries, such as Switzerland, the Czech Republic, India, and now China, have agreed to work with the United States. The result is that these countries will allow an export of ephedrine or pseudoephedrine only after positive affirmation from authorities in the importing country.

Some nations are not fully capable of handling the administrative requirements of reducing chemical diversion. DEA is working with these countries and will provide training and develop communication systems to the extent possible. For example, DEA's work with nations such as China is progressing.

Much remains to be done, however. For example, substitute chemicals must be constantly evaluated. After the reduction of international-ephedrine diversion, there was a huge increase in the number of labs that use pseudoephedrine as opposed to ephedrine. This suggests three impacts: 1) Anticipation and tracking of substitutes could be helpful to discover emerging trends, 2) More diversion is coming from domestic sources, and 3) The

emergence of phenylpropanolamine (PPA) as a substitute chemical needs attention. This change means that work with PPA-producing countries is now required. Real-time, informal, multilateral cooperation is essential to enforcement success.

Eve Bachrach, Nonprescription Drug Manufacturers Association Robert Dufour, WalMart Stores

Industry Anti-drug Initiatives. Control of pseudoephedrine, phenylpropanolamine and ephedrine-based products must be balanced with the obligation to ensure cough, cold and asthma medications are not overly restricted from consumer access.

To ensure legitimate over-the-counter drugs do not become a significant, measurable or widespread part of the diversion problem, the business industry is taking several important steps. The first is to address the diversion of 500- and 1,000-count bottles, which rogue chemical houses and dosage manufacturers specially compounded. The industry will start to use small-count, blister-pack products that will serve as a disincentive to methamphetamine production because pills must be removed one by one.

Secondly, the industry has initiated a retail-education program that targets front line employees—clerks, cashiers and store managers—about what to look for in potentially suspicious circumstances. The third action is to reduce public demand. The industry is working with the Partnership for a Drug-Free America to design public service announcements to provide a warning to parents, teens and young adults about the dangers of methamphetamine abuse.

The fourth step is to apply technology at the cashier level. Computer programmers are writing software that would identify pseudoephedrine, phenylpropanolamine and ephedrine-based products to the cashiers. When these products pass through the scanner, a computer signal notifies the cashier that these products have to be limited in sales. The cashier then stops the scanning process and requests the consumer limit the purchase.

Katina Kypridakes, California Bureau of Narcotic Enforcement

Mail Order Chemicals. Katina Kypridakes presented a brief review of the California Precursor Compliance Program. Following a steady increase in the number of clandestine laboratories seized in the state during the early 1980s, California enacted legislation in 1987 to control the sale or transfer of specific chemicals within the state or of those obtained from sources outside the state.

As a result of this legislation, California currently restricts the sale, transfer or import into the state of 33 chemicals that have been identified as commonly used in the illegal manufacture of controlled substances. Included in this group of 33 chemicals are ephedrine, pseudoephedrine, phenylpropanolamine and hydriodic acid. This statute also requires that reports noting the amount of chemicals sold, transferred or obtained be submitted to the California Department of Justice 21 days prior to their sale or transfer.

The intent of this legislation was to enable the CBNE to monitor the amount of specified chemicals legitimately brought into the state and what happens to those chemicals once they are in California. Further, in order to possess or engage in the sale or transfer of these chemicals, businesses must apply to and be permitted by the California Department of Justice. Another statute requires sellers of chemical re-agents, solvents or laboratory equipment, apparatus or glassware to obtain specified identifying information from purchasers and to include this information on a sales receipt or invoice. This information is then collected and maintained by CBNE.

Following the initial enactment of this legislation, CBNE noticed several developments. Where once the primary method of methamphetamine manufacturing used phenyl-2-propanone, placing this chemical on the controlled-chemical list resulted in a change in the manufacturing process to the ephedrine-red-phosphorous reduction method and a significant rise in the purchase and use of hydriodic acid.

When hydriodic acid was added to the control list in 1993, a corresponding and significant rise in the amount of iodine and red phosphorous being sold was documented. At one point, CBNE observed a 1,000 percent increase in iodine sales and a greater than 30 percent increase in red phosphorous sales.

Restricting chemicals has had a definite impact on the availability of the materials these individuals need in order to carry out illicit manufacturing. This, in turn, often necessitates that these illegal operations make the precursors needed to manufacture the controlled substances. Control of chemicals, brought about by rather complicated processes to obtain specified items and harsh penalties for illegal possession as well as manufacturing, resulted in a significant decline in illegal manufacturing activity for both Oklahoma and Texas.

One of the greatest obstacles to successfully addressing the clandestine-laboratory problem nationally is inconsistent chemical control laws from state to state. For example, if one state enacts control legislation and the border states do not, such as was the case in California, individuals will simply cross the state line in order to purchase the chemicals or items needed and then return to their home state to manufacture. This is particularly true if the penalty sections in the home state are weak.

Identifying that this was a critical issue, the National District Attorneys Association, in conjunction with the American Prosecutors Research Institute, received a grant from the National Institute of Justice, Bureau of Justice Assistance, to address, in part, the problem of conformity between state laws on drug issues. More importantly, the grant will address one aspect of the rising illegal-manufacturing operations across the nation by means of drafting a model chemical-control act. This model, which was endorsed by the President's Commission on Model State Drug Laws, is available to states for adoption in whole or in part.

Another area of increasing concern is the diversion of the over-the-counter (OTC) cold and allergy preparations to the illegal manufacturing arena. While so-called "mail order" OTC products constitute the bulk of tablets found in illegal methamphetamine laboratories, legitimate or name-brand OTC products are also being used. As such, legitimate pharmaceutical manufacturers face an increasing threat of diversion as greater restrictions are imposed on mail- order outlets.

In response to a comment that perhaps industry-wide "blister packaging" could assist in reducing the amount of legitimate product being diverted, Kypridakes noted that recent California clandestine-laboratory seizures reveal "some of these people have nothing better to do than punch out blister packs," and "they will even break off match heads for red phosphorous" when the product they need is unavailable or difficult to obtain. CBNE recently reviewed laboratory seizures in California over a 22-month period beginning October, 1994, and determined that 539 of these laboratories used OTC ephedrine and/or pseudoephedrine tablets as part of the manufacturing process.

Further investigation of these tablet cases revealed that a significant percent age (30 percent) used legitimate or name-brand OTCs, some with documented receipts from major pharmacies or retail outlets. Since September, 1996, information compiled by

CBNE on purchasers in California that have reported receiving tablets from mail-order sources reveal that twelve different out-of-states suppliers are providing the bulk of the tablets obtained by eleven different buyers. To date, these eleven purchasers alone have acquired 532,188,800 tablets or dosage units of ephedrine or pseudoephedrine tablets.

This number reflects only what has been reported to CBNE; it does not include all of the dosage units that already exist in every retail drug store or grocery outlet in the state. Based on information provided from the Drug Enforcement Administration and the California Board of Pharmacy, mail-order acquisition of these products is certainly disproportionate and should call into question whether the amount reported can be used for legitimate purposes.

Workgroup 4

CLANDESTINE LABS: INTELLIGENCE, TAKEDOWN AND CLEANUP

Dr. Walter Ling
The Matrix Institute

Pharmacology and Toxicology. Methamphetamine can produce an acute psychosis which is very similar to schizophrenia. This psychosis can occur with the first dose, after years of chronic use or even after the individual has stopped using methamphetamine. The question of whether this effect could be lifelong in nature has not been resolved. Methamphetamine abuse can also produce acute lung congestion, causing asphyxiation. With chronic use, the lungs become fibrotic, leading to the development of chronic obstructive lung disease.

Dr. Ling identified an important shortfall in medical research: health and safety issues involved in lab production. The medical community does not know the exposure law enforcement officers, fire department personnel and environmental officials receive when investigating or cleaning up a lab. Consequently, policy officials must increase communication between the law enforcement, medical and research communities. Just knowing about methamphetamine is not enough when the intermediate products, the toxic chemicals, are so dangerous.

George J. Doane
California Bureau of Narcotic Enforcement

Enforcement Program Development. Chief Doane presented a brief history of the California Bureau of Narcotic Enforcement (CBNE) experience with methamphetamine abuse. It was not until the 1980s that California began to fully understand the devastating impact of clandestine methamphetamine laboratories as they began to flourish throughout the state. Prior to this time, California law enforcement agencies seized a relatively small number of meth labs per year. As the number of meth labs increased, the sophistication level grew, as did the explosions and fatalities. Consequently, California was inundated with an enormous number of methamphetamine labs and escalated seizures throughout the years.

In 1989, for example, CBNE seized as many as 356 meth labs. Last year, CBNE's meth- lab seizures reached an all-time high of 835 labs, compared to the U.S. Drug Enforcement Administration (DEA) statistics of 850 meth labs seized for the remainder of the nation. California clearly is the source state for methamphetamine, much as Colombia is for cocaine.

As law enforcement officers continued to struggle with the growing epidemic, they also continued to operate under fiscal constraints with limited resources while the labs continued to multiply. In 1995, approximately one of six meth labs resulted in an explosion. The most widely publicized case was in Riverside County, where a child burned to death in a house trailer as a result of a meth lab exploding in the kitchen where her mother had been cooking meth on top of the kitchen stove. The

parents would not allow the neighbors to help rescue the child for fear that the neighbors would discover the meth lab.

Over the years, CBNE made great strides in dealing with clandestine meth labs. In the early years, agents were not provided with the protective safety equipment that is used today. The only protection made available to them were plastic bags and painter masks. Through years of exposure and experience, CBNE began to recognize the health dangers continuously confronted by agents. Through trial and error and with the assistance of the California Environmental Protection Agency and the Department of Toxic Substance Control, CBNE developed safety standards and safety equipment to minimize the risks of hazardous contamination.

CBNE also recognized the need to protect children found at lab sites from toxic exposure to dangerous chemicals. Assistant Chief Mitch Brown of CBNE completed his Masters Degree research on child endangerment at meth labs. During his research, Assistant Chief Brown found that CBNE encountered 1,600-2,400 kids per year in drug labs, and typically the children were under the age of 13, with some as young as age 4. Several of the children removed from meth labs were found to have bruises, abrasions and sporadic bald spots on their heads. When tested by the local child-protection services unit, 35 percent of the children tested positive for heavy metals.

When asked what can be done in other states, Chief Doane stressed first and foremost that we need to raise the level of awareness by educating the public about the hazards of meth labs. CBNE discovered the public is unaware and uniformed about meth labs, and there is a need to educate all agencies, such as child-protective services, social services, emergency room and hospital personnel and criminal justice.

California was instrumental in the formation of a special ad hoc committee from the Governor's Office of Criminal Justice and Planning. Chief Doane stressed that there is a further need to develop treatment protocols for emergency room staff and nurses that are not familiar with treating this type of exposure. Chief Doane further contended it is imperative that law enforcement enact special polices to deal with children found at meth labs. Steps need to be in place to have each child taken to protective services for an evaluation to determine the amount of toxic exposure; officials must recommend immediate blood testing to detect toxicity in the blood of children.

Robert Halliday, Arizona Department of Public Safety, Tom Raffanello, Drug Enforcement Administration (DEA), Steve Werner, Maricopa County Sheriff's Office

The speakers discussed the need for effective resource allocation to counter emerging drug threats. Initially, Arizona law enforcement was overwhelmed with methamphetamine abuse ("all we did was react, react, react") and had little opportunity to refine its intelligence program, improve prosecution strategies or build training programs.

Over time, however, law enforcement adjusted to a more proactive position and, in 1996, took a major step against this drug threat with the establishment of the HIDTA-Maricopa County Methamphetamine Initiative. The effort involves the DEA Phoenix Division, the Arizona Department of Public Safety, the Maricopa County Sheriff's Office, the Youngtown Police Department, the Arizona National Guard, the Arizona Attorney General's Office and the United States Attorney Office.

Under direction of the Maricopa Country Sheriff's Office, the initiative has seized 125

clandestine labs and arrested 237 suspects. This is an increase from the previous year's total of 51 labs and 94 arrests. The demographics of the arrestees reveal the average methamphetamine cooker is a white male, is age 19-35 and is typically married with two or three children. Clandestine laboratories are located in single-family residences, apartments and hotel/motel rooms.

Additionally, law enforcement increased coordination with retail stores to curb diversion of over-the-counter (OTC) products used to produce meth. A training tape outlining the methamphetamine threat was produced and distributed to local law enforcement and fire department agencies to assist them in understanding the threat to personnel and the community.

To further reduce the impact of this dangerous drug, additional training programs are needed for law enforcement. The training cannot be solely for special-enforcement teams but must get to the local "beat" cop, too. This is necessary to protect these officers during routine responses, such as a domestic violence call that may be the result of methamphetamine abuse or a roadside arrest that may reveal illegal transportation of chemicals. Partnerships like the HIDTA-Maricopa County Initiative, which improves intelligence networks, enforcement programs and training initiatives, must be expanded.

Robert Pennal, California Bureau of Narcotic Enforcement

Improving Lab Takedowns. Robert Pennal spoke to the need for citizen reporting and training resources to curtail methamphetamine abuse. The general public, including ranchers, farmers and utility workers, can provide law enforcement with useful information gained through daily observations of home surroundings. These are the people who can report to police about suspicious movement or activity in remote areas. This type of citizen-reporting, however, requires proactive involvement with residents and workers. Local agencies must educate and work with local land owners and public-utility agencies to gain this kind of information.

The local "beat" cop needs training; resources must get to local departments. Local enforcement must try to investigate major organizations despite the tendency to "put fires out." This is important because the low-level manufacturers are laborers and workers that know little about the organization and who is in charge. Consequently, long-term investigative work is required to bring down the organization and more permanently resolve the drug trafficking problem.

Karl Palmer, California Environmental Protection Agency

Environmental Program Response. In 1995, California shifted cleanup responsibility from law enforcement to the Department of Toxic Substances Control. The first month CAL-EPA started, the program cleared fourty labs. A few months later, 132 were cleared. In 1996, the number reached 1,313, not including DEA labs. Most of these labs were stove-top labs but were numerous, nonetheless.

Costs of cleanups have an immediate impact. The current year budget for CAL-EPA is $4.5 million just for contractor cost to clean up labs with the average cost per lab at about $3,100. These cleanup costs are for removal actions and are not remedial cleanup actions. A removal action is an emergency removal on a time-critical basis to minimize and eliminate acute threats posed to the citizens and the environment. The remedial action is a more thorough and extensive cleanup. The chemicals—acids and bases—are readily cleaned up, but the technical difficulty lies with the actual drug(s), precursors and byproducts.

Due to the limited resources for a cleanup, he stressed that all agencies from local health departments to State agencies need to work together, not only for fiscal reasons, but to ensure people perform safe operations and to develop intelligence for law enforcement.

Dr. David Chandler, Oregon University of Health Sciences

Legal culpability and restitution. Dr. David Chandler suggested that manufacturers might legally compensate victims of methamphetamine abuse. Under federal law, victims can be indemnified for their losses because of a crime. Consequently, a motel owner, a farmer or a landlord could make claims if there were contamination on the property. Such claims keep citizens active in reporting methamphetamine production. Additionally, prosecutors may be able to file charges for harm to the environment if they cannot prove drug charges. Including environmental charges as part of a prosecution and settlement might be an important part of addressing the problem and deserves legal research.

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